

# Program Recommendations for Seniors and People with Disabilities

*Merrill Friedman*

*VP, Advocacy*

*Medicaid Business Unit, WellPoint*

*Aug. 15, 2013*





# Who We Are: WellPoint's Government Business Division

---

- We have 17 years of experience providing access to health care, focusing solely on federal and state programs
- We're one of the first companies to integrate coordination of physical, behavioral and social needs while emphasizing community-based care
- We were acquired by WellPoint, Inc., and now operate as its Government Business Division
- We are now the **largest provider of solutions to public health care programs**, covering **4.5 million** members across **19 states**

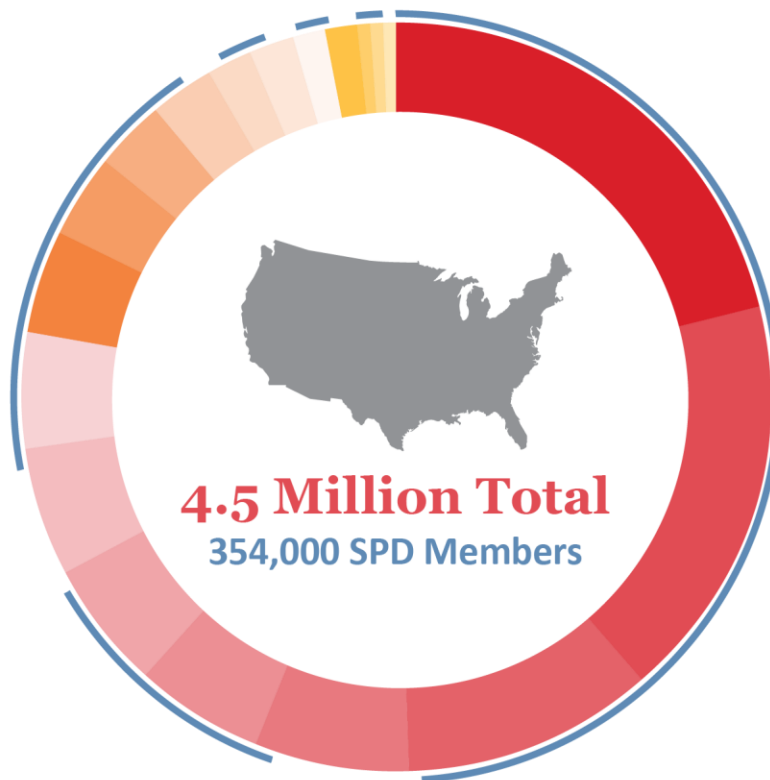


# Our Presence in Indiana

---

- Our parent company operates as Anthem in Indiana
- We care for 217,000 members in Hoosier Healthwise (HHW) and 25,000 members in the Healthy Indiana Plan (HIP), or 31 percent and 63 percent of the market share, respectively
- Anthem has administered benefits and services for HHW since 2007 and HIP since 2008
- We serve members in all 92 counties in Indiana
- In addition to standard services, members who qualify may receive some extra benefits including:
  - Community Resource Centers where health plan members can go for assistance
  - Future Moms, Anthem's prenatal program
  - 24-hour nurse help line
  - Anthem's childhood obesity program

# The Government Business Unit Serves 4.5 Million Members, 354,000 Seniors and People with Disabilities



|                |         |  |
|----------------|---------|--|
| California     | 946,000 |  |
| Texas          | 786,000 |  |
| New York       | 483,000 |  |
| *Georgia       | 290,000 |  |
| Virginia       | 253,000 |  |
| Florida        | 251,000 |  |
| *Indiana       | 241,000 |  |
| Maryland       | 229,000 |  |
| Tennessee      | 203,000 |  |
| New Jersey     | 152,000 |  |
| Louisiana      | 138,000 |  |
| Kansas         | 127,000 |  |
| *Nevada        | 86,000  |  |
| West Virginia  | 83,000  |  |
| *Wisconsin     | 63,000  |  |
| South Carolina | 61,000  |  |
| Washington     | 27,000  |  |
| New Mexico     | 25,000  |  |
| *Massachusetts | 20,000  |  |

Blue = SPD

\*States that do not have SPD

# The Cost of LTSS

- Sixty-two percent (\$130B) of the total \$208 billion spent on Long-Term Services and Supports (LTSS) in 2010 was paid for by the Medicaid program (National Health Policy Forum)
- The cost of nursing facility care for one person was equivalent to providing home and community-based services to nearly three seniors and/or persons with disabilities (AARP Policy Institute)
- We estimate that if the nation's population now eligible for Coordinated LTSS (CLTSS) but currently receiving care under a FFS Medicaid program were moved to a model of coordinated care total savings of \$17 billion could be achieved over the first three-year period
- For Indiana, including seniors and people with disabilities in your managed care program can generate additional savings up to 4.5-5 percent, or \$275 million, in aggregate savings compared to current FFS program

# A Preferred Model of Care and Services

---

- CLTSS improves access to health care services and independent living supports, betters health outcomes and quality of life indicators, and creates savings for taxpayers by investing limited program dollars in the right care and services in the best possible setting
- CLTSS is designed to help seniors and people with disabilities retain their independence and age in the community by making medical and non-medical services available within their preferred home or community-based setting
- A 2010 AARP Public Policy Institute report found 88 percent of people age 65 and above prefer to live in their home

# State Solutions

---

- **New York's Federal-State Health Reform Partnership demonstration**
  - Expands members' access to benefits and services, including home health care (e.g., home health aide, physical therapy, occupational therapy, speech pathology, etc.), adult day health care and private duty nursing
- **Texas STAR+PLUS**
  - 38 percent more community-based adult day care services
  - 32 percent more personal assistance services and demonstrated improved health outcomes
  - 38 percent reduction in inpatient stays for STAR+PLUS expansion areas exceeded the State's 22 percent target
- **TennCare CHOICES in Long-Term Care**
  - In March 2010, Amerigroup Tennessee, Inc. expanded to provide services to approximately 5,400 members
  - Lowered nursing facility rate from 81 percent to 65 percent
  - Identification of 1,013 new member services through enhanced integration and coordination of care
  - Transition of 200 members from a nursing facility to a community-based alternative – potentially saving the state of Tennessee \$3.6 million annually



# Our Current CLTSS Efforts

---

We assist members with navigating the health care and service system. Some of the many functions include:

- Working with members, their families, their physicians and their providers to determine which services are appropriate and preferred
- Arranging and coordinating services and care (such as personal assistance services, self-direction, social day or medical model programs, meals on wheels, etc.)
- Coordinating medical and long-term services and supports with all physicians, providers and payers
- Coordinating care if a member goes into a hospital
- Planning for transitional care and services after hospital stay
- Assisting with doctor and service provider appointments and transportation to those services





# Service Coordination



# Snapshot: Serving Our Seniors and People with Disabilities

---

## Texas

- 1,505 members were diverted from entering nursing facility since 2010 (January 2010-August 2012)
- 1,000 individuals have transitioned successfully from nursing facilities into the community since 2007 (February 2007-August 2012)
- 32 percent more members are accessing personal assistant services
- 47 percent more members have elected consumer-directed services
- 38 percent more members are accessing community-based adult day care

## Florida

- In 2010, Amerigroup prevented long-term nursing home admission for 183 individuals who were previously in nursing homes for rehabilitation
- Based on a sample of our members in the nursing home diversion program (2010):
  - » 93 percent rated the Amerigroup nursing home diversion program an eight or higher on a scale of zero to 10; 55 percent rated our program as “the best program possible”
  - » 86 percent rated our case management services a 13 or higher on a scale of one to 16; 63 percent rated their case manager “the best care manager possible”

# Snapshot: Serving our Seniors and People with Disabilities, Cont'd.

---

## Tennessee

- Approximately 4,000 face-to-face assessments were completed within six months of implementation
- 1,013 new services were identified through enhanced integration for members in home- and community-based services within three months of implementation
- Succeeded in raising the percentage of members in the community from 19 percent to 30 percent and lowered the nursing facility rate from 81 percent to 69 percent of membership
- In February 2011, the state TennCare Medicaid Bureau presented Amerigroup with two awards recognizing the clinical leadership of the program and the overall successful implementation of the program



# How to Create CLTSS Savings and Outcomes

---

Ways in which states could approach measuring these outcomes include:

- Calculating savings through programmatic improvements and efficiencies
- Reducing the number of members transitioning into nursing facilities for health care services
- Eliminating over-utilization and misuse of health care services
- Reducing the number of preventable and avoidable emergency room visits and hospital readmissions
- Reducing incidence of fraud, waste and abuse
- Improved quality health outcomes for members





# Implementation Suggestions

---

- Allow time for design, stakeholder input and implementing safeguards
  - Engage community, provider and advocacy groups to obtain stakeholder input
  - Enhanced provision of HCBS to deliver care in an integrated setting
  - Adopt performance-based payment structures
  - Offer accessible and understandable resources for members
  - Design processes and policies that encourages member-driven care and services (i.e. health homes)
  - Provide a comprehensive, integrated service package, (i.e., pharmacy, behavioral health, ID/DD, dental, vision, transportation, etc.)
  - Partner with qualified providers with LTSS experience
  - Establish safeguards to ensure members are well-protected
  - Maintain highest level of quality
-

# Q-and-A

[Merrill.Friedman@amerigroup.com](mailto:Merrill.Friedman@amerigroup.com)

